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them while they are in St. Johns. New work is opening up all the time, but this will give you some idea of how it has grown and developed under Dr. Grenfell.

I must say one word about the Children's Home in St. Anthony. It is in charge of one of those women who are the salt of the earth, strong and capable, strict, but just always. The children are brought from homes of want and often where the influence has been bad and placed under her care in a bright, airy home. All who are old enough are given some definite work, but each has time and opportunity to be a child and play as one. They are the brightest, happiest lot of children I have ever seen. They go to the school that Dr. Grenfell has established there and are so bright in their lessons they prove it is only the opportunity to learn that these children need to be able to be the equals of children of more fortunate parts.

MORAL PROPHYLAXIS

By GEORGE P. DALE, M.D.

Dayton, Ohio

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OPHTHALMIA NEONATORUM

At this point I wish to give some idea of the prevalence and severity of gonorrhœal inflammation of the eyes in the new-born. Practically all of the ophthalmia of the new-born, of a virulent type, is caused by the gonococcus. There are other organisms which may cause inflammation of the eyes, but this is usually of a mild catarrhal type and rarely affects the integrity of the vision. The conjunctiva of the new-born is peculiarly liable to infection. In our asylums 40 per cent. of all blindness is due to gonorrhœa. Among every 100 children born in London, one child suffers from purulent inflammation of the eyes in the first few days of life, and many of these become blind from the disease. In Germany there are 30,000 blind due to gonorrhœa, and with all the skill that the thorough-going Germans can bring to bear upon the treatment of the infection, recognized at the very outset in the eyes of the babe, there yet remains an annual crop of 600 cases of this perfectly preventable form of blindness. Hamilton County, Ohio, in which Cincinnati is located, has a population of over 450,000 and of this number 450 are blind, or 1 in each 1000 of the population of this county. In this connection it might be stated that almost 65 per cent. of the women of Cincinnati are delivered by midwives. It is the

poor and neglected who furnish the greatest number of the blind and these depend in a great measure upon the services of midwives during child-birth; it is in this class of the community that many instances of ophthalmia neonatorum and of its sequel—blindness—still present themselves.

The efforts that have been made lessen the disastrous results of this disease in a large degree, but we still find it very prevalent among the poorest and neglected classes. In these the burden on the public treasury is greater because the victim of this neglect almost inevitably becomes a charge of the state.

That the infection comes from the vagina of the mother, almost without exception, is proved by the results of the measures which have been instituted for its prevention and cure. We can state that almost absolute prevention of this disease is possible, if the directions are properly carried out. Think what this would mean. More than one-fourth of the cases of blindness in the world at the present time are caused by gonorrhœa. This has a distinct economic bearing, for the blind person is so handicapped for life that, instead of becoming a producer, he becomes, with rare exception, a charge upon the community. The loss to the commonwealth from this cause alone is enormous, for from the census of 1900, there were about 60,000 blind in the United States, and it is estimated that the total loss to the United States from the ravages of this disease reaches the sum of \$7,000,000.00 annually.

As ophthalmia neonatorum is an infectious, contagious disease, the proper health authorities and health associations should take cognizance of that fact and endeavor to combat this disease as they do other contagious diseases. Midwives should be compelled to report the condition of the eyes when they report the birth. Any physician or midwife, nowadays, that neglects to use prophylactic treatment of the eyes of the new-born child, especially in any case in which there may be the slightest suspicion of gonorrhœal infection, is gravely responsible for any consequences that may arise. Indeed the time may come when someone may test the degree of responsibility in a suit for malpractice.

It is utterly unthinkable that a man would knowingly communicate an infection to his wife which puts out the eyes of his own child, and the only explanation of this strange and unnatural crime is ignorance—ignorance in most cases on the part of the man that he is the bearer of contagion, and especially ignorance of its terrible consequences to his wife and children. And the pathos of all these social

catastrophes lies in the fact that the mother is made the innocent and unconscious medium of instilling into the eyes of her new-born babe a virulent poison which utterly extinguishes its sight.

It is more than a quarter of a century ago that the careful and scientific experiments of Carl S. F. Crede, then widely known as a successful obstetrician of Leipsic, gave to the world a prophylactic at once simple, safe, and inexpensive, which, if it had since that time been universally employed, would have saved the eyes of numberless thousands who because of this neglect have passed their lives in darkness. The prophylactic Dr. Crede then used was a 2 per cent. nitrate of silver solution and this is still being used as much as any other preparation. Some, however, are using the organic silver salt solution, such as the 1 per cent. protargol or 20 to 25 per cent. argyrol solution. The chief objection to silver nitrate and protargol is that they are followed often by considerable reaction, which does not take place with argyrol. Recently the Ohio Commission for the Blind and the Ohio State Board of Health have put out packages containing a 1 per cent. solution of silver nitrate and a dropper, sterilized, which can be obtained free of charge at certain local drug stores. This 1 per cent. solution will not irritate.

(To be concluded)

AN EMERGENCY CASE

By SUSAN J. REMSEN, R.N.

Graduate of Seney Hospital, Brooklyn

It was in June that year when I felt that if my vacation did not begin I would myself become a patient, and one lovely day found me at home in the country, and settled with the firm intention to exclude the very thought of sickness from my mind, for though we nurses may resist the temptation to relate our comic or tragic experiences connected with our work, our friends are in some way drawn toward such subjects of conversation when we are present, perhaps by some form of telepathy, our memories, or mind-pictures, being unconsciously transferred to those near us. We all know how exhausting to us and how depressing to others these recitals may become, however interesting they may be, so I read my favorite spring poems, read with equal pleasure each spring, and my own, old, inspiring chapter of Carlyle's "Past and Present" called "Labor," walked and rowed about the creek for one restful week, when my emergency case came like a thunder-bolt from a clear sky.